

ICPC REPORT ON CHILD'S PLACEMENT DATE OR CHANGE OF PLACEMENT

Use of form: Complete this form to confirm out-of-state placement of child(ren), change or terminate an interstate compact, per s.48.988, Wis. Stats. Confidential information on this form will be used for identification purposes only.

TO: Name - Receiving State	FROM: Wisconsin ICPC Division of Children and Family Services Bureau of Programs and Policies P. O. Box 8916 Madison, WI 53708-8916
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IDENTIFYING INFORMATION

Name - Child (Last, First, MI)	Social Security No.	Birthdate	Date - CFS-100A Approval
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ORIGINAL COMPACT PLACEMENT

Name - Original Placement Location	Placement Type
Address (Street, City, State, Zip Code)	Placement Date (mm/dd/yyyy)

PLACEMENT CHANGES NOTE: Complete this section only when changes occur in the placement within the receiving state.

Date - Status Change (mm/dd/yyyy)	Name - New Placement Location
Address (Street, City, State, Zip Code)	

Status ChangeFROM

- ☐ Foster care
☐ Adoption
☐ Group home
☐ Residential care center (RCC)
☐ Institution placement
☐ Birth parent
☐ Relative - Specify relationship

☐ Other - Specify _____
TO

- ☐ Foster care
☐ Adoption
☐ Group home
☐ Residential care center (RCC)
☐ Institution placement
☐ Birth parent
☐ Relative - Specify relationship

☐ Other - Specify _____
COMPACT TERMINATION

Date - Termination (mm/dd/yyyy)

Reason for Termination

- ☐ Receiving state requested return
☐ Sending state requested return
☐ Placement breakdown
☐ Transferred to another state
☐ Child reached age of majority
☐ Sending state terminated custody
☐ Placement request withdrawn
☐ Child ran away

- ☐ Action requested is complete
☐ Legal custody returned to _____
☐ Placement canceled - Specify reason _____

- ☐ Date adoption finalized _____
☐ No placement occurred / request withdrawn
☐ Death of child
☐ Other - Specify _____

SIGNATURE - Agency Person Providing Information	Title	Date Signed
SIGNATURE - Reporting Compact Administrator or Alternate		Date Signed